

COMMONWEALTH OF VIRGINIA - DEPARTMENT OF SOCIAL SERVICES

APPEAL TO STATE DEPARTMENT OF SOCIAL SERVICES

CHILD SUPPORT ENFORCEMENT APPEAL FORM

Mail to: Appeals Unit – CSE Section • 7 N. Eighth STREET • RICHMOND VA 23219

ADMINISTRATIVE APPEAL FORM FOR HEARING OFFICER REVIEW ONLY
ALL APPEAL REQUESTS MUST MEET APPROPRIATE DEADLINES AS REQUIRED BY STATUTE.

NAME OF PERSON APPEALING: _____ **SS#** _____

ADDRESS: _____

CITY, STATE, ZIP: _____

AREA CODE: _____ **TELEPHONE NUMBER:** _____

E-MAIL ADDRESS: _____

CASE NUMBER: _____

NAME OF CLAIMANT'S REPRESENTATIVE: _____

ADDRESS _____

CITY, STATE, ZIP: _____

AREA CODE: _____ **TELEPHONE NUMBER:** _____

E-MAIL ADDRESS: _____

MY APPEAL IS IN REGARD TO THE FOLLOWING:

TYPE OF APPEAL:

_____ **ADMINISTRATIVE SUPPORT ORDER**

_____ **ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT**

_____ **ORDER TO WITHHOLD**

_____ **ORDER TO DELIVER**

_____ **STATE TAX SET-OFF**

_____ **ADVANCE NOTICE OF LIEN**

_____ **FEDERAL TAX SET-OFF ***

_____ **CONSUMER REPORTING AGENCY NOTICE***

_____ **VENDOR PAYMENT INTERCEPT NOTIFICATION ***

_____ **OTHER:** _____

* **Date of Administrative Review Conference:** _____

REASON FOR APPEAL:

CLAIMANT'S SIGNATURE:

DATE: